

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088387

1. Entity Name

CURBMASTER OF SOUTH FLORIDA, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90064 023 ***150.00

Principal Place of Business

80 CEDAR CIRCLE
BOYNTON BEACH FL 33462

Mailing Address

80 CEDAR CIRCLE
BOYNTON BEACH FL 33436-9101

2. Principal Place of Business

5500 Eagle Dr.

Suite, Apt. #, etc.

3. Mailing Address

5500 Eagle Dr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Pierce, FL

City & State

Ft. Pierce, FL

4. FEI Number

65-0787061

Applied For

Not Applicable

Zip

34951

Country

U.S.A.

Zip

34951

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'SHEA, SHERI-LYN K
100 MILLER ROAD
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name O'Shea, Sheri-Lyn K.

Street Address (P.O. Box Number is Not Acceptable)

5500 Eagle Drive

City

Ft. Pierce

FL

Zip Code

34951

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Sheri-Lyn K O'Shea, Sheri-Lyn K. O'Shea*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-28-00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME HYDE, HENRY J
STREET ADDRESS 80 CEDAR CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33462 ☐ Delete

TITLE VD
NAME O'SHEA, MARTIN L
STREET ADDRESS 80 CEDAR CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33462 ☐ Delete

TITLE STD
NAME O'SHEA, SHERI-LYN K
STREET ADDRESS 80 CEDAR CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME O'Shea, Martin L.
STREET ADDRESS 5500 Eagle Dr
CITY-ST-ZIP Ft. Pierce, FL 34951 ☒ Change ☐ Addition

TITLE STD
NAME O'Shea, Sheri-Lyn K.
STREET ADDRESS 5500 Eagle Dr.
CITY-ST-ZIP Ft. Pierce, FL 34951 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sheri-Lyn K O'Shea, Sheri-Lyn K. O'Shea*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

561-460-1637

Daytime Phone #

CR2E034 (9/99)